

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L85507** (6)

1. Corporation Name

**POINCIANA ACQUISITION CORP.**



Principal Place of Business

Mailing Address

% AKERMAN, SENTERFITT & EIDSON, P.A.  
801 BRICKELL AVE., 24TH FLOOR  
MIAMI FL 33131

% AKERMAN, SENTERFITT & EIDSON, P.A.  
801 BRICKELL AVE., 24TH FLOOR  
MIAMI FL 33131

3. Date Incorporated or Qualified

07/06/1990

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 One Southeast 3rd Avenue

26 One Southeast 3rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 28th Floor

27 28th Floor

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131-1704

25 USA

29 33131-1704

30 USA

4. FEI Number

65-0432110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUETTE, CHARLES A  
801 BRICKELL AVE.  
24TH FLOOR  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

One Southeast Third Avenue

83

28th Floor

84

Miami

FL

85

Zip Code

33131-1704

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
SD	LOURDIN, YVES	CHARLOTTE ST. & BAY ST	NASSAU, BAHAMAS	<input type="checkbox"/>
PD	KAISER, GISELA	WEST BAY ST., OLD FORT PT., HOUSE SUNSET	NASSAU, BAHAMAS	<input type="checkbox"/>
AS	SCHUETTE, CHARLES A	801 BRICKELL AVE.	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		One Southeast 3rd Avenue, 28th Floor	Miami, Florida 33131-1704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*X. G. Novina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

Date

305-374-5600

Daytime Phone #

CR2E034 (12/95)